

KANSAS CITY MISSOURI POLICE DEPARTMENT  
PRIVATE OFFICERS LICENSING UNIT  
VERIFICATION OF FIREARMS TRAINING

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

COMPANY \_\_\_\_\_

I certify that the above named person has been trained in the use of the below listed firearm.

**REVOLVER**

\_\_\_\_\_

Make	Model	Caliber	Serial #
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**SEMI-AUTOMATIC**

\_\_\_\_\_

Make	Model	Caliber	Serial #
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How many rounds have been fired with the firearm? \_\_\_\_\_

**\*\*THE EMPLOYING PRIVATE SECURITY/INVESTIGATIVE COMPANY MUST  
PROVIDE THE TRAINING PRIOR TO RESPONDING TO  
THE KANSAS CITY, MISSOURI POLICE PISTOL RANGE.**

**LICENSEE MUST BRING 150 ROUNDS OF LEAD FREE, JACKETED AMMUNITION.**

The training has included general safety rules in addition to stance, grip, loading, and unloading, sight alignment and trigger control for revolvers or stance, grip, loading magazine, tap and rack to clear malfunction, to decock, sight alignment and trigger control for semi-automatic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Instructor

\_\_\_\_\_  
Title of Instructor

\_\_\_\_\_  
Company of Instructor